

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

June 28, 1989



ALL COUNTY INFORMATION NOTICE NO. I-45-89

TO: ALL COUNTY WELFARE DIRECTORS  
ALL DISTRICT ATTORNEYS

SUBJECT: DISQUALIFICATION CONSENT AGREEMENT FORM  
FOR THE FOOD STAMP PROGRAM (DFA 478)

REFERENCES: STATE REGULATIONS: MPP CHAPTER 20-300.22 through  
20-300.25, and MPP 20-300.43

FEDERAL REGULATIONS: 7 CFR 273.16(h), et seq.  
ALL COUNTY LETTER NOS. 88-113 AND 88-123

This All County Information Notice transmits the Disqualification Consent Agreement Form DFA 478 and instructions. In accordance with the State Department of Social Services (SDSS) Manual Letter No. CFC-87-04 and 7 CFR 273.16(h), et seq., effective October 1, 1987, the Disqualification Consent Agreement process was authorized to impose Intentional Program Violation (IPV) sanctions without having to go through the Administrative Disqualification Hearing (ADH) process. Counties may secure from accused individuals, Disqualification Consent Agreements in cases of deferred adjudication due to:

1. An accused individual having met the terms of a court order or
2. An accused individual having not been prosecuted because he/she has met the terms of an agreement with the prosecutor.

The Disqualification Consent Agreement may only be used for accused individuals who come within the above specified categories.

The use of the Disqualification Consent Agreement:

- o Allows Counties to retain 25% of IPV collections in lieu of 12.5% of collections.

- o Improves recovery of overissuances by allowing the County to reduce future allotments (if the Food Stamp household is still on aid) at 20 percent of the household's monthly allotment or \$10 per month, whichever is the greater amount rather than 10 percent of the household's monthly allotment or \$10 per month, whichever is the greater amount.
- o Reduces County costs for pursuing prosecutions.
- o Reduces County referrals of cases to the State for Administrative Disqualification Hearings and eliminates unnecessary backlogs.
- o Expedites the Food Stamp disqualification process.
- o Reduces Food Stamp Program abuse by implementing disqualification penalties within 45 days after the individual signs the agreement with the prosecutor if the individual is currently receiving Food Stamps.

#### Implementation

Counties may immediately develop procedures to use the DFA 478 form which is available in the SDSS warehouse. The document (attached) conforms to Federal and State requirements.

Each County should designate one or more representatives who will respond to inquiries concerning the Disqualification Consent Agreement. The designated representative should be thoroughly familiar with any Food Stamp related questions about the Disqualification Consent Agreement form because this form advises the accused individuals that they may contact a County representative at a given telephone number.

#### Form Requirements

The Disqualification Consent Agreement Form (DFA 478) has been developed with considerable input from SDSS Legal staff and has been reviewed/approved by Federal representatives. As a result, we ask that you use the SDSS developed consent agreement rather than develop a County form. Specifically, the Disqualification Consent Agreement form contemplates involvement of the prosecutor and must contain the following information:

- o Statements regarding the circumstances of the deferred adjudication which include that:
  - 1) You have been accused of an Intentional Program Violation and have met the terms of a court order; or


2) You have been accused of an Intentional Program Violation but have not been prosecuted because you have met the terms of an agreement with the prosecutor.

- o The consequences of consenting to disqualification from the Food Stamp Program shall be stated.
- o The disqualification penalties and the penalty to be assessed to the accused household member shall be stated.
- o The accused household member shall be advised of the repayment responsibility of the remaining household members.
- o Provision shall be made for the head of household to sign the agreement if the accused is not the head of household.
- o Provision shall be made for the form to contain statements allowing the accused individual to indicate whether or not (s)he admits to the facts as presented by the County.
- o The accused household member shall be advised that after the Disqualification Consent Agreement is signed and the disqualification penalties are imposed, no further administrative appeal procedure exists other than appeal through the courts.

Foreign Language Translation

The DFA 478 will be translated into Spanish and Asian versions. These will be provided as "Master Copies Only" and will not be stocked in the DSS Warehouse. The translations will be forwarded in two or three months.

If you have any questions regarding the Disqualification Consent Agreement process, please contact either Charlie Mahin or Rick Tibbetts of the Fraud Program Management Bureau (FPMB) at (916) 445-0031 or ATSS 485-0031.

  
ROBERT A. HOREL  
Deputy Director

Attachment

cc: CWDA

# DISQUALIFICATION CONSENT AGREEMENT

Date:

Case Name:

Case Number:

## IMPORTANT NOTICE

This form may apply to you only if you are a member of one of the two classes set forth below:

- (1) You have been accused of an Intentional Program Violation and have met the terms of a court order; or
- (2) You have been accused of an Intentional Program Violation but have not been prosecuted because you have met the terms of an agreement with the prosecutor.

\_\_\_\_\_ County has reason to believe that you \_\_\_\_\_, (as head of household) or (as a household member) committed an Intentional Program Violation. This means that you **intentionally** gave the County wrong information or you **intentionally** did not tell the truth when you were asked certain questions. By "intentionally" we mean that you did it on purpose. This resulted in an overissuance of \$\_\_\_\_\_ in food stamps.

## Information Notice

If you sign the Disqualification Consent Agreement:

- Your income and resources will continue to be counted when figuring the household's eligibility.
- The extra food stamps must be repaid by you and/or the other adult household member in your household, unless you have already paid them back.
- If there are other members in your household, your household's food stamps may be lowered or stopped during your disqualification period.
- The Disqualification Consent Agreement must be signed by you (the accused person), and by the head of household if you are not the head of your household.
- You will be disqualified from the Food Stamp Program for a period of time even if you do not admit to the facts presented by the County. (See Disqualification Penalties).
- You will be disqualified from the Food Stamp Program for a period of time even if a court does not find you guilty of fraud.
- If you do not agree with this Disqualification Consent Agreement after signing and a disqualification penalty has been imposed, you cannot ask the State or County for a hearing. You can file an appeal in an appropriate court of law.

**DISQUALIFICATION PENALTY WARNING:**

Beginning 45 days from the date you sign this agreement, you will not be eligible to get food stamps for:

- ☐ 3 months (if violation occurred prior to April 1, 1984 per MPP 20-300.32 or prior to actual notice of the new penalties stated below)
- ☐ 6 months (for the first violation)
- ☐ 12 months (for the second violation)
- ☐ Permanent disqualification (for the third violation)

This is your \_\_\_\_\_ violation, which means that:

- If you sign this Disqualification Consent Agreement, your disqualification penalty will be \_\_\_\_\_.
- If you are not eligible for food stamps right now, your disqualification period will begin after you reapply and are otherwise eligible.

**NOTICE TO OTHER HOUSEHOLD MEMBERS**

You, the other adult(s) in the household, will be held responsible for paying back the extra food stamps given to your household (even if you or the disqualified individual move out), unless the amount of extra food stamps has already been paid back.

If you need legal help in deciding whether to sign or not sign the Disqualification Consent Agreement and you cannot afford a lawyer, you may be able to get free legal aid by contacting the nearest office listed here:

If you have any questions or need more information about the Disqualification Consent Agreement, please contact \_\_\_\_\_ at ( ) \_\_\_\_\_.

**DISQUALIFICATION CONSENT AGREEMENT:**

I have reviewed the information given to me regarding the Disqualification Consent Agreement.

I understand what shall happen to me if I sign this consent agreement.

**I HEREBY VOLUNTARILY CONSENT TO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM FOR A PERIOD OF \_\_\_\_\_.**

Please check one of the boxes below:

- ☐ I do not admit that the facts as presented are correct. However, I have chosen to sign this Disqualification Consent Agreement and understand that a disqualification penalty shall result.
- ☐ I admit to the facts as presented and understand that a disqualification penalty shall be imposed if I sign this Disqualification Consent Agreement.

\_\_\_\_\_  
Signature of Accused Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household (if different\*)

\_\_\_\_\_  
Date

\*Head of Household **MUST** also sign if the accused person is not the Head of Household.  
After signing this Agreement, return it to: